



**TOWN OF WESTMINSTER**  
11 South Street  
WESTMINSTER, MASSACHUSETTS 01473  
(978) 874-7409 • Fax (978) 874-7460  
**BOARD OF HEALTH**

**BEAVER/MUSKRAT TRAPPER & CONSULTANT  
REPORTING FORM**

Date \_\_\_\_\_

Site Address \_\_\_\_\_

Owner \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

Number of Beavers / Muskrat  
Removed \_\_\_\_\_

Planned Future Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Trapper/Consultant

\_\_\_\_\_  
Date

**\*PLEASE RETURN THIS FORM WITHIN 5 WORKING DAYS OF  
END OF PERMIT PERIOD\***